

AREA Gilroy IF - 726	DIVISION Coastal	NUMBER 726-08-002
EVALUATED BY M. O. Delaney		DATE 12/03/2008

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		COMMANDER'S REVIEW <i>M.O. DELANEY</i>	DATE <i>12-3-08</i>
BY _____		EVALUATED Yes	ACTION REQUIRED No
1. USE AND ADEQUACY OF FACILITY		CORRECTED	

- a. Is the facility adequate? ☒ Yes ☐ No
- (1) Have steps been taken to modify or replace the current facility? ☐ Yes ☒ No
- (a) If a leased building, is the owner abiding by the terms of the lease agreement? *N/A* ☐ Yes ☐ No
- (2) Is a safe, pleasant, efficient environment created by the arrangement of furniture and equipment? ☒ Yes ☐ No
- (a) Is storage space used effectively? ☒ Yes ☐ No
- (b) Is lighting adequate? ☒ Yes ☐ No
- (c) Are there provisions for the prompt repair of the facility (plumbing, heating, etc.)? ☒ Yes ☐ No
- (d) Does the interior of the facility have a neat, businesslike appearance? ☒ Yes ☐ No

2. INTERIOR APPEARANCE	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
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a. What is the condition of the floors, walls, ceiling, hallways, and counter tops? Floors, walls, ceiling and counter tops are in good condition.

- (1) Is interior lighting adequate? ☒ Yes ☐ No
- (2) If leased, have needed repairs been coordinated with Facilities Section? *N/A* ☐ Yes ☐ No
- (3) Are the duties of the janitor defined and clearly understood? ☒ Yes ☐ No
- (a) Is the janitor fully aware of the supplies available through the requisition process? ☒ Yes ☐ No
- b. Is the layout of the general office areas appropriate for the assigned personnel or classification? ☒ Yes ☐ No
- c. Does the layout and equipment in specialized office areas meet the needs of each specialized function? ☒ Yes ☐ No
- d. Does the layout of the restrooms meet the needs of all employees, including those with disabilities? ☒ Yes ☐ No
- e. Is there sufficient space available in both the men's and women's locker rooms? ☒ Yes ☐ No
- (1) Can several officers comfortably change clothes at the same time? ☒ Yes ☐ No
- (2) Is there enough space for both personal lockers and equipment lockers? ☒ Yes ☐ No
- (3) Are there full length mirrors? ☒ Yes ☐ No
- (4) Are they clean and odor free, with adequate ventilation? ☒ Yes ☐ No

AREA MANAGEMENT EVALUATION FACILITY MAINTENANCE AND SECURITY

CHP 453D (Rev. 5-06) OPI.009

(5) Are lockers in good condition, with names posted on them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the employee's room have adequate cabinets and electrical outlets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are appliances in good working order?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are bulletin boards sufficient for Area needs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are they neat and orderly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is there a system for purging old information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do posted items have a removal date?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Are bulletin boards in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. When was the last inventory of items stored inside the facility? April 2008		
(1) Are items arranged in a logical manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are there surplus items that should be returned to Supply Services?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) What security is provided after normal business hours? Beat checks by Area officers.		

3. EXTERIOR APPEARANCE	EVALUATED	ACTION REQUIRED	CORRECTED
	Yes	No	
a. Overall, what is the general appearance of the exterior of the facility? Overall appearance is very good.			
b. Are all painted surfaces neat and clean, free of peeling paint?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Is the outside lighting adequate and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Is the building clearly identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
e. Is the gas station clean and in good repair?		N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
(1) Does the gas station have a fire extinguisher readily available?			<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Are the fuel dispenser, vapor recovery hose/nozzle, air and water hoses, and shut off switches operating properly?			<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Is the paved parking area clean and in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are parking lines clearly painted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Is the violation clearance area for the public clearly marked?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Is there disabled parking available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Is there a parking area designated for motorcycles?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

4. AUXILIARY POWER	EVALUATED	ACTION REQUIRED	CORRECTED
	Yes	No	
a. Has the efficiency of the auxiliary power unit been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Who knows how to start the unit should the self-starter fail? Lieutenant and Sergeants			
c. Are operating instructions posted and easy to understand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

AREA MANAGEMENT EVALUATION**FACILITY MAINTENANCE AND SECURITY**

CHP 453D (Rev. 5-06) OPI 009.

d. Is there a notice posted identifying who to contact should the unit fail? ☒ Yes ☐ No

e. Does the log indicate Area personnel and Telecommunications Section have conducted weekly testing? ☐ Yes ☒ No

f. How often is the fuel supply replenished? Northbound is operated on P.G. and E. natural gas. Southbound is diesel and is checked monthly.

(1) At what level is it refilled? When at the half-full mark.

g. Are there adequate numbers of emergency power outlets? ☒ Yes ☐ No

(1) Are they distinctively marked? ☒ Yes ☐ No

5. EMPLOYEE PROTECTION AND FACILITY SECURITY

EVALUATED

Yes

ACTION REQUIRED

No

CORRECTED

a. Does Area have a written Emergency Action Plan? ☒ Yes ☐ No

b. Does the plan have procedures for safeguarding employees during all types of emergencies? ☒ Yes ☐ No

(1) Does it have general facility security and building evacuation procedures? ☒ Yes ☐ No

(2) Does the plan work? ☒ Yes ☐ No

(3) Are there sufficient management controls? ☒ Yes ☐ No

c. Does the plan designate duties and responsibilities to specific employees? ☒ Yes ☐ No

(1) Are both uniformed and nonuniformed employees included? ☒ Yes ☐ No

(2) Are employees informed of their responsibilities? ☒ Yes ☐ No

(3) Has the commander taken all responsible steps available to provide security? ☒ Yes ☐ No

(4) Has the commander visited the facility after normal business hours to ensure security measures are in place? ☒ Yes ☐ No

d. Does the plan address dispatcher security? *N/A* ☐ Yes ☐ No

(1) How do Public Safety Dispatchers feel about the security provided?

(2) Can dispatchers deal with the public without admitting them into the building? ☐ Yes ☐ No

(3) Should modifications be made to provide better security? ☐ Yes ☐ No

(a) Would intercoms improve security? ☐ Yes ☐ No

(4) How often are two or more dispatchers on duty?

(5) How often are supervisors or other personnel in the building after normal business hours?

(6) Are maximum safety and security measures taken within communications centers? ☐ Yes ☐ No

e. Has training been given for all types of emergency situations? ☒ Yes ☐ No

(1) Have both uniformed and nonuniformed been given the training? ☒ Yes ☐ No

AREA MANAGEMENT EVALUATION**FACILITY MAINTENANCE AND SECURITY**

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(2) Does the training include building evacuation procedures? ☒ Yes ☐ No(3) Do all employees know where fire extinguisher and first aid kits are located? ☒ Yes ☐ No(a) Do they know how to use them? ☒ Yes ☐ No(4) Have all employees read the Emergency Action Plan? ☒ Yes ☐ No(a) Do they know where it's located? ☒ Yes ☐ Nof. Does the building contain asbestos? ☐ Yes ☒ No(1) Are employees given a copy of the annual asbestos report to read? ☐ Yes ☐ No(2) Are new employees notified of the presence of asbestos within 15 days of reporting to work? ☐ Yes ☐ No(3) Is a copy of the notice posted on the employee or occupational safety bulletin board? ☐ Yes ☐ No(4) Do employees know what to do if they encounter asbestos in the building? ☐ Yes ☐ Nog. Are fire extinguishers provided and serviced as required by the California Administrative Code? ☒ Yes ☐ No(1) Are first aid kits provided as required by the State Administrative Manual? ☒ Yes ☐ No(2) Is STD 621, Notice to State Employees, posted and up to date? ☒ Yes ☐ No

(3) What is the condition of other emergency equipment such as fire hoses, sprinkler systems, etc.? All emergency equipment is in working order.

h. Is there a Hazardous Materials Business Plan on file with the local implementing agency as required? *N/A* ☐ Yes ☐ No(1) Have changes or updates been sent to the implementing agency? ☐ Yes ☐ No**6. SAFETY INSPECTION**

EVALUATED

Yes

ACTION REQUIRED

No

CORRECTED

a. Has a facility safety inspection been conducted by the Area Occupational Safety Committee as required by HPM 10.6, Occupational Safety Manual? ☒ Yes ☐ Nob. Has the CHP 113A, Safety Inspection Checklist, been completed? ☒ Yes ☐ No

c. What improvements have been made by the commander as a result of the most recent inspection? No improvement recommended at last inspection. However, previously recommended improvements have been implemented. (Repair to water drainage issue in inspection pits.)

(1) If recommendations required budgeting, have items been put into the budget suspense file? *N/A* ☐ Yes ☐ Nod. Has the size of the operation outgrown the facility? ☐ Yes ☒ No


(1) If so, what remedial action has been taken?

- 1.a.(1)(a) Facility is owned by CALTRANS.
- 2.g.(3) Posted items are removed as needed on a quarterly basis.
- 3.e Facility does not have a fueling station.
- 3.f.(4) Facility has no enforcement motorcycles.
- 4.e. Generator automatically self-tests weekly on Mondays at 1430 hours.
- 5.d. Facility does not have a dispatch center.
- 5.h. Facility does not have hazardous materials store on-site.

AREA MANAGEMENT EVALUATION
FACILITY MAINTENANCE AND SECURITY
CHP 453D (Rev. 5-06) OPI 009

AREA 760	DIVISION Coastal	NUMBER
EVALUATED BY Lt. D. F. Lobb		DATE 02/11/2008

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Correction Report BY _____	COMMANDER'S REVIEW  DATE 2/21/08
1. USE AND ADEQUACY OF FACILITY		EVALUATED 2/11/2008	ACTION REQUIRED NO CORRECTED

- a. Is the facility adequate? ☒ Yes ☐ No
- (1) Have steps been taken to modify or replace the current facility? ☒ Yes ☐ No
- (a) If a leased building, is the owner abiding by the terms of the lease agreement? ☐ Yes ☐ No
- (2) Is a safe, pleasant, efficient environment created by the arrangement of furniture and equipment? ☒ Yes ☐ No
- (a) Is storage space used effectively? ☒ Yes ☐ No
- (b) Is lighting adequate? ☒ Yes ☐ No
- (c) Are there provisions for the prompt repair of the facility (plumbing, heating, etc.)? ☒ Yes ☐ No
- (d) Does the interior of the facility have a neat, businesslike appearance? ☒ Yes ☐ No

2. INTERIOR APPEARANCE	EVALUATED 2/11/2008	ACTION REQUIRED No	CORRECTED
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- a. What is the condition of the floors, walls, ceiling, hallways, and counter tops? All areas are in good condition and servicable.

- (1) Is interior lighting adequate? ☒ Yes ☐ No
- (2) If leased, have needed repairs been coordinated with Facilities Section? ☐ Yes ☐ No
- (3) Are the duties of the janitor defined and clearly understood? ☒ Yes ☐ No
- (a) Is the janitor fully aware of the supplies available through the requisition process? ☒ Yes ☐ No
- b. Is the layout of the general office areas appropriate for the assigned personnel or classification? ☒ Yes ☐ No
- c. Does the layout and equipment in specialized office areas meet the needs of each specialized function? ☒ Yes ☐ No
- d. Does the layout of the restrooms meet the needs of all employees, including those with disabilities? ☒ Yes ☐ No
- e. Is there sufficient space available in both the men's and women's locker rooms? ☒ Yes ☐ No
- (1) Can several officers comfortably change clothes at the same time? ☒ Yes ☐ No
- (2) Is there enough space for both personal lockers and equipment lockers? ☒ Yes ☐ No
- (3) Are there full length mirrors? ☒ Yes ☐ No
- (4) Are they clean and odor free, with adequate ventilation? ☒ Yes ☐ No

AREA MANAGEMENT EVALUATION
FACILITY MAINTENANCE AND SECURITY
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(5) Are lockers in good condition, with names posted on them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the employee's room have adequate cabinets and electrical outlets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are appliances in good working order?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are bulletin boards sufficient for Area needs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are they neat and orderly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is there a system for purging old information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do posted items have a removal date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are bulletin boards in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. When was the last inventory of items stored inside the facility? June 2007		
(1) Are items arranged in a logical manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are there surplus items that should be returned to Supply Services?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What security is provided after normal business hours? Locked doors, coded locks at gate entry.		

3. EXTERIOR APPEARANCE	EVALUATED 2/11/2008	ACTION REQUIRED No	CORRECTED
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a. Overall, what is the general appearance of the exterior of the facility? Clean and well maintained.		
b. Are all painted surfaces neat and clean, free of peeling paint?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is the outside lighting adequate and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Is the building clearly identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is the gas station clean and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the gas station have a fire extinguisher readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are the fuel dispenser, vapor recovery hose/nozzle, air and water hoses, and shut off switches operating properly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is the paved parking area clean and in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are parking lines clearly painted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the violation clearance area for the public clearly marked?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there disabled parking available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a parking area designated for motorcycles?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

4. AUXILIARY POWER	EVALUATED 2/11/2008	ACTION REQUIRED No	CORRECTED
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a. Has the efficiency of the auxiliary power unit been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Who knows how to start the unit should the self-starter fail? Auto Technician		
c. Are operating instructions posted and easy to understand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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d. Is there a notice posted identifying who to contact should the unit fail?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the log indicate Area personnel and Telecommunications Section have conducted weekly testing?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. How often is the fuel supply replenished? When the propane gets down to 50%, typically once a month		
(1) At what level is it refilled? 50%		
g. Are there adequate numbers of emergency power outlets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are they distinctively marked?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. EMPLOYEE PROTECTION AND FACILITY SECURITY	EVALUATED 2/12/2208	ACTION REQUIRED No
a. Does Area have a written Emergency Action Plan?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the plan have procedures for safeguarding employees during all types of emergencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does it have general facility security and building evacuation procedures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Does the plan work?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are there sufficient management controls?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Does the plan designate duties and responsibilities to specific employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are both uniformed and nonuniformed employees included?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees informed of their responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Has the commander taken all responsible steps available to provide security?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Has the commander visited the facility after normal business hours to ensure security measures are in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Does the plan address dispatcher security?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(1) How do Public Safety Dispatchers feel about the security provided?		
(2) Can dispatchers deal with the public without admitting them into the building?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Should modifications be made to provide better security?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Would intercoms improve security?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) How often are two or more dispatchers on duty?		
(5) How often are supervisors or other personnel in the building after normal business hours?		
(6) Are maximum safety and security measures taken within communications centers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Has training been given for all types of emergency situations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have both uniformed and nonuniformed been given the training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

STATE OF CALIFORNIA
 DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
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(2) Does the training include building evacuation procedures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all employees know where fire extinguisher and first aid kits are located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know how to use them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Have all employees read the Emergency Action Plan?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know where it's located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the building contain asbestos?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are employees given a copy of the annual asbestos report to read?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Are new employees notified of the presence of asbestos within 15 days of reporting to work?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Is a copy of the notice posted on the employee or occupational safety bulletin board?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Do employees know what to do if they encounter asbestos in the building?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
g. Are fire extinguishers provided and serviced as required by the California Administrative Code?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are first aid kits provided as required by the State Administrative Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is STD 621, Notice to State Employees, posted and up to date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What is the condition of other emergency equipment such as fire hoses, sprinkler systems, etc.?	Properly maintained	
sprinkler system is installed.		
h. Is there a Hazardous Materials Business Plan on file with the local implementing agency as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have changes or updates been sent to the implementing agency?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6. SAFETY INSPECTION	EVALUATED 2/12/2008	ACTION REQUIRED No
a. Has a facility safety inspection been conducted by the Area Occupational Safety Committee as required by HPM 10.6, Occupational Safety Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Has the CHP 113A, Safety Inspection Checklist, been completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. What improvements have been made by the commander as a result of the most recent inspection?	No immediate or obvious	
defects were identified.		
(1) If recommendations required budgeting, have items been put into the budget suspense file?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d. Has the size of the operation outgrown the facility?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) If so, what remedial action has been taken?		

M e m o r a n d u m

Date: February 11, 2008

To: Santa Barbara Area

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**
Santa Barbara Area

File No.: 760.13154

Subject: CHAPTER 4 INSPECTION. AREA MANAGEMENT EVALUATION
FACILITY MAINTENANCE AND SECURITY.

On February 11, 2008; Lieutenant Dane Lobb, #13154 conducted an Area Management Evaluation Facility Maintenance and security inspection. This inspection is divided into six sections.

Section 1, Use and adequacy of the facility

No problems or discrepancies were noted during this portion of the inspection.

Section 2, Interior appearance of the facility

No problems or concerns were noted with the interior of the office. The interior appears to be clean and well maintained.

Section 3, Exterior of the facility

No defects or maintenance issues were noted and the exterior is in good overall condition.

Section 4, Auxiliary Power

The backup power generator unit is well maintained and functioning at required capacity.

Section 5, Employee Protection and Facility Security

The Area Emergency Action Plan is current and complete and all personnel have received training.

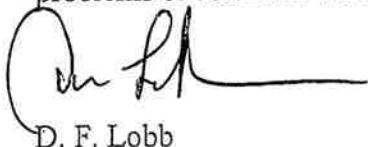
Safety, Service, and Security

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Section 6, Safety Inspection

The Area Occupational Safety Committee completed an Area walk through and no specific problems were identified.

Overall the Santa Barbara Area facility is free of defects and is properly maintained. No problems or concerns were noted during the inspection.

A handwritten signature in black ink, appearing to read 'D. F. Lobb', with a long horizontal line extending to the right.

D. F. Lobb
Lieutenant

Attachments